



**HAWAII STATE ETHICS COMMISSION
ORGANIZATION'S OR INDIVIDUAL'S EXPENDITURES
AND CONTRIBUTIONS REPORT**

(To be filed by organizations, employing organizations and individuals
other than registered lobbyists)

FORM ORG

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STATE OF HAWAII
STATE ETHICS COMMISSION

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HAWAII STATE ETHICS COMMISSION
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Honolulu, Hawaii 96813
(P.O. Box 616, Honolulu, Hawaii 96809)
Telephone: (808) 587-0460
Fax: (808) 587-0470
email: ethics@hawaiiethics.org
web site: www.hawaii.gov/ethics

THIS SPACE FOR OFFICE USE ONLY

Amended

For lobbying reporting period:	Contact person <i>Joellen A. Webb</i>	Phone <i>455-7483</i>
<input checked="" type="checkbox"/> January 1 - last day of February	Organization <i>CATRALA - Hawaii</i>	
<input type="checkbox"/> March 1 - April 30	Mailing Address <i>98-1704 E Koa, Kumu, St.</i>	
<input type="checkbox"/> May 1 - December 31	<i>Pearl City, HI 96782</i>	
Year of Report 20 <i>05 06</i>		

PART I. TOTAL EXPENDITURES

The total sum or value of all expenditures for the purpose of lobbying during the statement
period was: \$ 0

EXPENDITURES

Category	Total Amount	Category	Total Amount
1. Preparation & distribution of lobbying materials		7. Entertainment	
2. Media advertising		8. Food & beverages	
3. Telegraph, telephone and other forms of telecommunication		9. Gifts	
4. Postage		10. Loans	
5. Compensation paid to lobbyists		11. Other disbursements	
6. Fees (other than to lobbyists)		TOTAL EXPENDITURES	

COMPENSATION PAID TO LOBBYISTS

List in this section the names of all lobbyists and compensation paid to the lobbyists during the statement period.

Name <i>James J. Stone</i>	Address <i>Law Offices of James J. Stone</i>	Compensation paid <i>0</i>
	<i>841 Bishop Street</i>	
	<i>Suite 1711</i>	
	<i>Honolulu, HI 96813</i>	

RECEIVED BY U.S. MAIL

EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY

List in this section all expenditures incurred for the purpose of lobbying of \$25 or more per person per day during the statement period.

☒ This section is not applicable

☐ Expenditures incurred in the total sum of \$25 or more per person per day were made for the following persons:

Name & Address	Amount or value

AGGREGATE EXPENDITURES OF \$150 OR MORE PER PERSON

List in this section all expenditures incurred for the purpose of lobbying in the total sum of \$150 or more per person during the statement period.

☒ This section is not applicable

☐ Expenditures incurred in the aggregate of \$150 or more per person were made for the following persons:

Name & Address	Amount or value

PART II. CONTRIBUTIONS RECEIVED

List in this section all contributions received for the purpose of lobbying in the total sum of \$25 or more per person during the statement period.

☒ This section is not applicable

☐ Contributions received in the total sum of \$25 or more per person were received from the following persons:

Name & Address	Amount or value

PART III. SUBJECT AREAS OF LOBBYING

Legislative and/or administrative action in the following areas was supported or opposed during the statement period:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input checked="" type="checkbox"/> Science, Technology & Economic Development |
| <input checked="" type="checkbox"/> Communications & Public Utilities | <input checked="" type="checkbox"/> Government Operation & Finance | <input checked="" type="checkbox"/> Intergovernmental Relations, International Affairs | <input checked="" type="checkbox"/> Tourism & Recreation |
| <input type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input type="checkbox"/> Labor & Employment | <input checked="" type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | |

I hereby certify that the statements made above are correct and complete to the best of my knowledge

Joellen A. Webb
(Signature of authorized person)

Name of authorized person (type or print)

Title of authorized person

Joellen A. Webb

Executive Director

March 28, 2006
March 14, 2006
(Date)